



272

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
PATENT APPLICATION EXAMINING OPERATIONS

Appl. No.	:	10/672,655	Confirmation No.: 8221
Applicants	:	John Dunklee, et. al.	
Filed	:	September 25, 2003	
TC/A.U.	:	2829	
Examiner	:	Emily Y. Chan	
Docket No.	:	KLR 1016.0085	
Customer No.	:	00152	
Title:	:	PROBE STATION WITH LOW INDUCTANCE PATH	

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT  
BEFORE MAILING OF EITHER A FINAL ACTION  
OR NOTICE OF ALLOWANCE (37 CFR § 1.97(c))

1600 ODS Tower  
601 S.W. Second Avenue  
Portland, Oregon 97204-3157  
December 7, 2004

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

The Information Disclosure Statement submitted herewith is being filed after three months of the filing date of this national application or the date of entry of the national stage, as set forth in §2.492, of the international application, or after the mailing date of a first Office Action on the merits, which ever occurred last, but before the mailing date of either:

- (1) a final action under §1.113 or
- (2) a notice of allowance under §1.311

Accompanying this transmittal is:

☐ a statement as specified in 37 CFR §1.97(e).

OR

☒ the fee as set forth in 37 CFR §1.17(p) for submission of an Information Disclosure Statement under §1.97(c).

In accordance with 37 CFR §1.97(h), the filing of this Information Disclosure Statement will not be regarded as an admission that any reference or combination of references referred to herein is, or is considered to be, material to patentability under 37 CFR §1.56(b) unless specifically designated as such.

The person making this statement is the attorney who signs below on the basis of the information supplied by the inventor and the information in his file.

Respectfully submitted,



Kevin L. Russell  
Reg. No. 38,292  
Of Attorneys for Applicant  
Tel: (503) 227-5631





7311

## FEE TRANSMITTAL For FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

### Complete if Known

<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/672/655
		Filing Date	September 25, 2003
		First Named Inventor	Dunklee
		Examiner Name	Emily Y. Chan
		Art Unit	2829
TOTAL AMOUNT OF PAYMENT	\$180.00	Attorney Docket Number	KLR 1016.0085

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (Continued)																																																	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None				3. ADDITIONAL FEES																																																	
<input type="checkbox"/> Deposit Account: Deposit Account Number: 03-1550 Deposit Account Name: Chemoff Vilhauer McClung & Stenzel																																																					
The Director is authorized to: (check all that apply)																																																					
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments																																																					
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)																																																					
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																																					
<b>FEE CALCULATION</b>																																																					
<b>1. BASIC FILING FEE</b>																																																					
<table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing Fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="4">SUBTOTAL (1)</td><td></td><td>\$</td></tr></tbody></table>				Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1001	770	2001	385	Utility filing fee		1002	340	2002	170	Design filing fee		1003	530	2003	265	Plant filing fee		1004	770	2004	385	Reissue filing Fee		1005	160	2005	80	Provisional filing fee		SUBTOTAL (1)					\$				
Large Entity		Small Entity		Fee Description	Fee Paid																																																
Fee Code	Fee (\$)	Fee Code	Fee (\$)																																																		
1001	770	2001	385	Utility filing fee																																																	
1002	340	2002	170	Design filing fee																																																	
1003	530	2003	265	Plant filing fee																																																	
1004	770	2004	385	Reissue filing Fee																																																	
1005	160	2005	80	Provisional filing fee																																																	
SUBTOTAL (1)					\$																																																
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>																																																					
<table border="1"><thead><tr><th colspan="2">Extra Claims</th><th colspan="2">Fee from Below</th><th rowspan="2">Fee Paid</th></tr><tr><th>Total Claims</th><th>-20** =</th><th></th><th>18/9 =</th></tr></thead><tbody><tr><td>Indep. Claims</td><td>-3** =</td><td></td><td>86/43 =</td><td></td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td>290/145 =</td><td></td></tr></tbody></table>				Extra Claims		Fee from Below		Fee Paid	Total Claims	-20** =		18/9 =	Indep. Claims	-3** =		86/43 =		Multiple Dependent			290/145 =																																
Extra Claims		Fee from Below		Fee Paid																																																	
Total Claims	-20** =		18/9 =																																																		
Indep. Claims	-3** =		86/43 =																																																		
Multiple Dependent			290/145 =																																																		
<table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Descriptions</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td></tr><tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td></tr><tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td></tr><tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>**Reissue independent claims over original patent</td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>**Reissue claims in excess of 20 and over original patent.</td></tr><tr><td colspan="4">SUBTOTAL (2)</td><td>\$</td></tr></tbody></table>				Large Entity		Small Entity		Fee Descriptions	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20	1201	86	2201	43	Independent claims in excess of 3	1203	290	2203	145	Multiple dependent claim, if not paid	1204	86	2204	43	**Reissue independent claims over original patent	1205	18	2205	9	**Reissue claims in excess of 20 and over original patent.	SUBTOTAL (2)				\$											
Large Entity		Small Entity		Fee Descriptions																																																	
Fee Code	Fee (\$)	Fee Code	Fee (\$)																																																		
1202	18	2202	9	Claims in excess of 20																																																	
1201	86	2201	43	Independent claims in excess of 3																																																	
1203	290	2203	145	Multiple dependent claim, if not paid																																																	
1204	86	2204	43	**Reissue independent claims over original patent																																																	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent.																																																	
SUBTOTAL (2)				\$																																																	
**or number previously paid, if greater; For Reissues, see above.																																																					
				Other fee (specify)																																																	
				*Reduced by Basic Filing Fee Paid																																																	
				SUBTOTAL (3) \$ 180.00																																																	

SUBMITTED BY		(Complete (if applicable))	
Name (Print/Type)	Kevin L. Russell	Registration No. (Attorney/Agent)	38,292
Signature		Telephone	(503) 227-5631
		Date	12/7/04

**WARNING:** Information On this form may become public. Credit Card information should not be included on this form. Provide credit card information and authorization on PTO-2038.